

Account Number_ MC040 (07/2007) MOTOR CARRIER DIVISION 555 WRIGHT WAY CARSON CITY, NV 89711-0600 (775) 684-4711 (775) 684-4619 fax www.dmvnv.com

IRP REGISTRATION CERTIFICATION

This form must be completed prior to IRP Registration or Renewal. If you answer no, an explanation must be provided.

1.	Is the physical structure of the "established place of business" located within the base jurisdiction of Nevada owned, leased, or rented by the fleet registrant?
	☐ Yes ☐ No If no, please explain:
2.	Does the physical structure have a designated street number or road location? ☐ Yes ☐ No If no, please explain:
3.	Is this location open during normal business hours? (Monday – Friday 8 a.m. to 5 p.m.) ☐ Yes ☐ No If no, please explain:
4.	Does the location have telephone(s) publicly listed in the name of the fleet registrant, supported by a Nevada telephone company's billing records? □ Yes □ No If no, please explain:
5.	Is there any person(s) conducting the fleet registrant's business in the location during normal business hours? □ Yes □ No If no, please explain:
6.	Are the operational records of the fleet located at this location? □ Yes □ No If no, please explain:
7.	If not, can the operational records be made available at the Nevada location in the event of an audit? □ Yes □ No If no, please explain:
	Note: If not, the registrant must pay all costs of travel and per diem expenses in accordance with the IRP Plan, Section 1602.
ap est	der penalties of perjury, the applicant declares that the information given is to the best of the plicant's knowledge true, accurate and complete. The applicant understands that in the event the tablished place of business is proven to be outside the State of Nevada, the registrant will be spended and registration and fees will not be refunded.
Ple	ease print or type
Со	mpany Name
Со	mpany AddressCity State Zip Code
Pri	nted Name of Registrant
Re	gistrant's SignatureDate
••	FOR DEPARTMENT USE